| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155656 | A. BUILDING _____ B. WING _____ | R-C 07/01/2011 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CANTERBURY NURSING AND REHABILITATION CENTER | 2827 NORTHGATE BLVD FORT WAYNE, IN 46835 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| {F 000} | INITIAL COMMENTS<br><br>This visit was for a Post Survey Revisit (PSR) to the PSR completed on 5/8/11 to a Recertification and State Licensure Survey completed on 4/29/11. This visit included the PSR to the PSR completed on 5/8/11 to the Investigation of Complaint IN00089585 completed on 4/29/11.<br><br>Complaint IN00089585-corrected.<br><br>Survey date: 7/1/11<br><br>Facility number: 000275<br>Provider number: 155656<br>AIM number: 100290930<br><br>Survey team: Ellen Ruppel, RN<br><br>Census bed type:<br>SNF/NF: 109<br>Residential: 17<br>Total: 126<br><br>Census payor type:<br>Medicare: 12<br>Medicaid: 88<br>Other: 26<br>Total: 126<br><br>Sample: 3<br><br>Canterbury Nursing and Rehabilitation Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the PSR to the PSR to the Recertification and State Licensure Survey and the PSR to the PSR to the Investigation of Complaint IN00089585. | {F 000} | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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|---|---|---|---|---|
| {F 000} | Continued From page 1<br>Quality review completed on July 6, 2011 by Bev Faulkner, RN | {F 000} | | |